

## Mountain Post Medical Simulation Training Center TC 8-800 Registration Form

Registration for the MEDIC Course is required and should be on file with the MSTC <u>30 days prior</u> to the course start date. Any questions please contact us at 719-526-2820, FAX 719-526-5351. For additional information go to website: <a href="http://www.carson.army.mil/mstc/">http://www.carson.army.mil/mstc/</a>

Class Dates:	to				
Last Name:		_ First Name:		MI	
Rank: SSN:	PMOS	ETS:	Home Phone		
Unit:	Duty Phone	Email addre	ss (prefer .mil):		
COMPONENT (please circle one)	RA / AR / NG / Other				
	rry, at least 125 pounds. raining between the hours of	0800-1700.			
The following items must be income Front and back copy of Copy of NREMT wallet	current Health Care Provider		rior to seat confirmation:		
I understand that the course ho will cause me to be dropped and registration prior to the start date	ny Platoon Sergeant, First se	ergeant, or Comman	der will be notified. Failure	e to cancel	
Signature:		BLS Expiration date (month/year):			
NREMT- Certification Expiration	n date (month/year):				
PLATOON SERGEANT					
Signature:					
Rank: Last Name:		_ First Name:	Phone:		
UNIT COMMANDER or FIRST Stourse.	ERGEANT is the approving	authority and valid	lates that the above Sold	lier will attend this	
The above named Soldier has uduties or obligations during the			bove dates and has no f	urther additional	
Commander/1SG Signature:					
Rank: Last Name:		First Name:	Phone:		
	Privacy A	Act Statement			

Disclosure of Social security Number (SSN) is voluntary however; failure to provide SSN will result in the inability to properly credit training information into the required databases. Authority: 10 U.S.C. 3013 and E.O. 9397 (SSN).